

### Application Data Sheet

#### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: None  
Suggested Group Art Unit:: None  
CD-ROM or CD-R:: None  
Sequence submission:: None  
Computer Readable Form (CRF):: None  
Number of copies of CRF:: None  
Title:: Apparatus and Method for an Ultrasonic Medical Device  
Operating in Torsional and Transverse Modes  
Attorney Docket Number:: 20563/2432  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 10  
Small Entity:: Yes  
Petition Included:: Yes  
Secrecy Order in Patent No  
Application?::

#### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity

Given Name:: Robert  
Middle Name:: A.  
Family Name:: Rabiner  
City of Residence:: North Reading  
State or Providence of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 14 Equestrian Drive  
City of Mailing Address:: North Reading  
State or Province of Mailing Address:: MA  
Postal or Zip Code of Mailing Address:: 01864

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Bradley  
Middle Name:: A.  
Family Name:: Hare  
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State or Providence of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: A-2 30 Worthen Street  
City of Mailing Address:: Chelmsford  
State or Province of Mailing Address:: MA  
Postal or Zip Code of Mailing Address:: 01824

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Rebecca

Middle Name:: I.  
Family Name:: Marciano  
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City of Mailing Address:: North Reading  
State or Province of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01864

Applicant Authority Type:: Inventor  
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Given Name:: Mark  
Middle Name:: J.  
Family Name:: Varady  
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State or Providence of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 800 Bulfinch Drive, Apt. 308  
City of Mailing Address:: Andover  
State or Province of Mailing Address:: MA  
Postal or Zip Code of Mailing Address:: 01810

### **Correspondence Information**

Correspondence Customer Number:: 29934

**Representative Information**

|                                     |       |
|-------------------------------------|-------|
| Representative Information Number:: | 29934 |
|-------------------------------------|-------|

**Domestic Priority Information**

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application |                   |                      |                      |
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**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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**Assignee Information**

Assignee Name:: OmniSonics Medical Technologies, Inc.